

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			X			
2						
3				1		
4				2		
5				0		
6				0		
7				0		
8				0		
9				0		
10				0		
11				0		
12				0		
13				0		
14				0		
15				1		
16				0		
17				0		
18				1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			25			
TOTAL CLAIMS			26			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						